

LICENSE APPLICATION SUPPLEMENTAL INFORMATION

Please complete all license applications and have this form signed off by each of the Departments listed below. Return all completed forms along with applicable fees to the City Clerk's Office. The City Clerk will process licenses in the order received and after final review of all documents.

Applicant Name: _____ License Type: _____

Business Name: _____ Business Address: _____

Telephone: _____ Business Type: _____ Home: _____ Storefront: _____

APPLICANTS DO NOT WRITE BELOW THIS LINE - DEPARTMENT AUTHORIZATION ONLY

Applicants will be unable to receive a License until all conditions by each department are met. Please complete your Department Requirements or mark N/A if your department has no condition for the particular license:

	Complete	Not Complete	N/A	Sign Off
Board of Health: Jack Morris		978-388-8134		9 School St
Health Permits				
Issues				
Special Conditions/Restrictions				
Building/Zoning: Denis Nadeau		978-388-8129		9 School Street
Floor Plan Received				
Zoning Requirement				
Home Occupation				
Inspection/Occupancy				
Special Conditions/Restrictions				
Fire Department: James Nolan		978-388-8185		9 School Street
Inspections				
Special Conditions/Restrictions				
Police Department: Lt. Kevin Donovan – schedule appt.		978-388-1212		19 School Street
Traffic				
Specific Conditions				
Treasurer: Donna Cornoni		978-388-8105		62 Friend Street
Taxes/Water Owed				
Specific Conditions				
Assessor: Jason DiScipio		978-388-8102		62 Friend Street
Specific Conditions				
Clerk: Christine Dixon		978-388-8100		62 Friend Street
Application / WC				
Payment				

Clerk _____ Sign Off